

# Recipient Committee Campaign Statement — Short Form

Type or print in ink.

SHORT FORM

CALIFORNIA  
FORM **450**

SEE INSTRUCTIONS ON REVERSE

For use by recipient committees which have not received a contribution or other receipt which must be itemized, have not received or made loans, and have no outstanding accrued expenses.

Statement covers period  
from 08/01/2016  
through 12/31/2016

Date of election if applicable:  
(Month, Day, Year)  
\_\_\_\_\_

Date Stamp

Page 1 of 3

For Official Use Only

## 1. Type of Recipient Committee:

- ☐ Ballot Measure Committee  
☐ Primary Formed  
☐ Controlled  
☐ Sponsored  
☐ Primarily Formed Candidate/  
Officeholder Committee
- ☒ General Purpose Committee  
☐ Sponsored  
☒ Small Contributor Committee

## 2. Type of Statement:

- ☐ Pre-election Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain)  
(also check type of statement you are amending)
- ☐ Quarterly Statement  
☐ Special Odd-year Report  
☐ Supplemental Pre-election  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
1255096

COMMITTEE NAME

AFSCME LOCAL 741 PAC

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90020	(213)252-1307

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

2134879822

## Treasurer(s)

NAME OF TREASURER

PATRICIA ROBINSON

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90020	2132521307

NAME OF ASSISTANT TREASURER, IF ANY  
SEAN RIVAS

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LOS ANGELES	CA	90020	2132521307

OPTIONAL: FAX/E-MAIL ADDRESS

SMRIVAS.741@GMAIL.COM

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/31/2018  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By SEAN RIVAS  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

# Recipient Committee Campaign Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SHORT FORM

Statement covers period		<b>CALIFORNIA FORM 450</b>
from	08/01/2016	
through	12/31/2016	Page 2 of 3
NAME OF COMMITTEE AFSCME LOCAL 741 PAC		I.D. NUMBER 1255096

## Expenditures Made

1. Expenditures of \$100 or more made this period .....	\$200.00
2. Expenditures under \$100 made this period (Not itemized.) .....	\$0.00
3. SUBTOTAL EXPENDITURES MADE THIS PERIOD ..... Add Lines 1 + 2	\$200.00
4. Nonmonetary Adjustment ..... From Line 8 Below	\$0.00
5. Total expenditures made from previous statement ..... Previous Summary Page, Line 6 (If this is the first statement for the calendar year, enter zero.)	\$2,734.00
6. TOTAL EXPENDITURES MADE TO DATE ..... Add Lines 3 + 4 + 5	\$2,934.00

## Contributions Received

7. Monetary contributions received this period .....	\$1,466.41
8. Non-monetary contributions received this period .....	\$0.00
9. Total contributions received from previous statement ..... Previous Summary Page, Line 10 (If this is the first statement for the calendar year, enter zero.)	\$3,542.54
10. TOTAL CONTRIBUTIONS RECEIVED TO DATE ..... Add Lines 7 + 8 + 9	\$5,008.95

## Current Cash Statement

11. Beginning cash balance ..... Previous Summary Page, Line 15	\$7,325.36
12. Cash receipts this period ..... Line 7 above	\$1,466.41
13. Miscellaneous increases to cash .....	\$0.00
14. Cash expenditures this period ..... Line 3 above	\$200.00
15. ENDING CASH BALANCE THIS PERIOD..... Add Lines 11 + 12 + 13, then subtract Line 14	\$8,591.77

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Statement covers period

from 08/01/2016

through 12/31/2016

CALIFORNIA  
FORM

450

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NAME OF COMMITTEE

I.D. NUMBER

AFSCME LOCAL 741 PAC

1255096

## 5. Payments Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE*	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	NAME OF CANDIDATE AND OFFICE OR NAME OF BALLOT MEASURE AND BALLOT NUMBER OR LETTER AND JURISDICTION	AMOUNT THIS PERIOD	CUMULATIVE AMOUNTS TO DATE*
08/02/2016	CALIFORNIA SECRETARY OF STATE POLITICAL REFORM DIVISION SACRAMENTO, CA 95814	ANNUAL FEE & LATE FILING FEE	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp	\$200.00	<b>Calendar Year</b> \$0.00 <b>Other</b>
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp		<b>Calendar Year</b>  <b>Other</b>
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp		<b>Calendar Year</b>  <b>Other</b>
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Contribution <input type="checkbox"/> Ind. Exp		<b>Calendar Year</b>  <b>Other</b>
<b>SUBTOTAL</b>				\$200.00	

\* Required only for payments which are contributions or independent expenditures.